

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

1 September 1978

MEMORANDUM FOR: Chief, Compensation Division, Office of Finance

THROUGH : Chief, Contract Personnel Division, Office of Personnel

SUBJECT : Memorandum of Oral Understanding With Members of DCI's S&T Advisory Panel (STAP)

REFERENCE : My memo to you, same subject, of 9 January 1978

1. This document will serve as a memorandum in lieu of contract for STATINTL
STATINTL [REDACTED] when approved by the Special Contracting Officer, Office of Personnel.

STATINTL 2. The memorandum in lieu of contract for [REDACTED] dated 9 January 1978 was approved through 30 April 1978. I request that that date be extended until 30 September 1978. STATINTL

STATINTL 3. [REDACTED]
STATINTL [REDACTED] is serving a four year term on the DCI's S&T Advisory Panel under the following financial arrangements. He is paid a fee for each day's service equivalent to the top step of a GS-15 (currently \$180.88) and travel expenses. His address is:

STATINTL [REDACTED]

I request that this memorandum in lieu of contract cover expenses incurred thus far and until 30 September 1978.

4. Payments for [REDACTED] will be charged to FAN 87-159802.

STATINTL

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SUBJECT: Memorandum of Oral Understanding With
Members of DCI's S&T Advisory Panel
(STAP)

5. All STAP members are being processed so that they
will in FY 1979, starting 1 October 1978, become contractor/
consultants and have formal contracts replacing this and
other memoranda in lieu of contracts

STATINTL

Executive Secretary

STATINTL

/s/

APPROVAL: Special Contracting Officer/OP

1 SEP 1978

DATE : _____

Distribution:

Orig. & 1 - Addressee
1 - C/CPD/OP
1 - CPD/SCO/OP
1 - C/SS/ICS
1 - OSI/B&F
1 - STAP (Chrono)
1 - STAP (Finance)

OSI/STIC/ [REDACTED] /dec/4170 (1Sep78) STATINTL

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

ADMINISTRATIVE - INTERNAL USE ONLY

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

30 August 1978

MEMORANDUM FOR: Chief, Support Staff, ICS
SUBJECT : Reimbursement for STAP Expenses

1. Attached are claim sheets of members of the DCI's Science and Technology Advisory Panel (STAP) for the 26-27 July 1978 meeting and dinner at the Cosmos Club.
2. The breakdown of the costs is as follows (work-sheet attached):

a. Panelists		\$ 3551.50
Travel	1620.03	
Services	1537.48	
Miscellaneous	393.99	
b. Meals		
7/26 Lunch DCI Dining Room	22.88	(8)
7/27 Lunch DCI Dining Room	23.10	(6)
7/26 Dinner Cosmos Club	108.08	(7)
8/16 Dinner (Washington Golf & Country Club)	11.13	(1)
		165.19
	TOTAL	3716.69

3. I hereby certify that I expended \$165.19 for official entertainment of guests of the Intelligence Community on 26-27 July and 16 August 1978. I have not been and will not be reimbursed for these expenses from any other source. All Intelligence Community employees involved in this entertainment paid their own expenses.

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Page two

SUBJECT: Reimbursement for STAP Expenses

4. Please send the STAP members' checks to them in plain envelopes to the addresses on the claim sheets, inasmuch as some of them are sensitive regarding their association with the Intelligence Community. Please send the check for my expenses (item 2b above) to me at Room 6F35, Headquarters Building.

5. The next meeting of STAP is scheduled for 14-15 September and the estimated cost will be approximately \$3600.00.

Signed

STATINTI

Executive Secretary

Attachments: As Stated

Distribution:

Orig. & 1 - Addressee, w/atts
1 - STAP Chrono, wo/atts
✓ - STAP Finance, w/atts

OSI/STIC/ [REDACTED] /dec/4170 (30Aug78) STATINTL

Worksheet

STAP Meeting 26-27 July 1975

STATINTL	Travel	Services	Entertainment	Meals	Total
	216.45	361.76		103.25	711.26
	214.43	361.76		84.72	660.91
	210.00	-		140.12	350.12
	50.10				50.10
	435.25	180.88	90.44		666.13
		361.76			361.76
	414	180.88		65.10	479.90
	-	<u>180.88</u>	-	-	<u>180.88</u>
	<u>1620.03</u>	<u>1447.04</u>	<u>90.44</u>	<u>393.99</u>	<u>3551.50</u>
			<u>1532.48</u>		

Lunches 7/26 8 @ 2.60 = 20.80 + 2.60 = 22.88 JM

7/27 6 @ 3.50 = 21.00 + 2.60 = 23.10 JM 45.80

Dinner 7/26	7 @ <u>15.44</u>	AM	108.88
8/1	1 @ 11.13	N	11.13

Collect Don'ts

Coffee	2.89	5 @ 0.58 coffee/fruit. (already paid)
Donuts	9.85	12.74

29 Aug 1978

EXECUTIVE DINING ROOM

Date 7/26

ITEM NO.	ITEM	PRICE
<input type="checkbox"/> 1	Regular Lunch*	\$2.60
<input type="checkbox"/> 2	Steak Delmonico Lunch*	\$3.45
<input type="checkbox"/> 3	Steak Sirloin Lunch*	\$3.45
<input type="checkbox"/> 4	Filet Sandwich	\$3.15
<input type="checkbox"/> 5	Light Lunch	\$1.65
<input type="checkbox"/> 6	Jumbo Salad	\$1.45
<input checked="" type="checkbox"/> 7	Low Cal	<u>1.740</u>
<input checked="" type="checkbox"/> 8	Soup	<u>6.00</u>
<input checked="" type="checkbox"/> 9	Salad — Vegetable	<u>4.80</u>
<input checked="" type="checkbox"/> 10	Dessert	\$.40
<input checked="" type="checkbox"/> 11	Milk	\$.25
<input checked="" type="checkbox"/> 11	Coffee	<u>3.00</u>
<input checked="" type="checkbox"/> 11	Tea	<u>2.00</u>
<input checked="" type="checkbox"/> 11	Juice	<u>2.00</u>
<input type="checkbox"/> 12	Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 42007Signature S. TieRoom No. 571CReceipt Requested Room No. 571C Receipt Requested Membership Acct. # 42007Signature 571C

EXECUTIVE DINING ROOM

Date 7/27

ITEM NO.	ITEM	PRICE
<input checked="" type="checkbox"/> 1	Regular Lunch*	<u>31.20</u>
<input type="checkbox"/> 2	Steak Delmonico Lunch*	\$2.60
<input type="checkbox"/> 3	Steak Sirloin Lunch*	\$3.45
<input type="checkbox"/> 4	Filet Sandwich	\$3.15
<input type="checkbox"/> 5	Light Lunch	\$1.65
<input type="checkbox"/> 6	Jumbo Salad	\$1.45
<input type="checkbox"/> 7	Low Cal	\$1.45
<input checked="" type="checkbox"/> 8	Soup	\$.50
<input checked="" type="checkbox"/> 9	Salad — Vegetable	\$.30
<input checked="" type="checkbox"/> 10	Dessert	\$.40
<input checked="" type="checkbox"/> 11	Milk	\$.25
<input checked="" type="checkbox"/> 11	Coffee	\$.25
<input checked="" type="checkbox"/> 11	Tea	\$.25
<input checked="" type="checkbox"/> 11	Juice	\$.25
<input type="checkbox"/> 12	Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 42007Signature 571CRoom No. 571C Receipt Requested Room No. 571C Receipt Requested

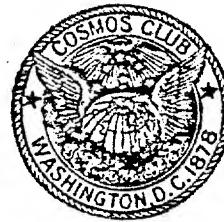
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8/7/78

STATEMENT

STATINTL

12-139



Please return this stub with your check

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
SPECIAL PARTIES				

BALANCE FORWARDED

July 26, 1978

Dinner: 12 @ 8.95	115.99	
plus Tax		
Room Charge: B	20.00	
Cocktails:	47.95	
Parking: 1	1.25	\$185.19

12 @ 16.44
12 @ 12.00
20.00
47.95
1.25
185.19

1. BARBER	7. BAR	SPECIAL PARTIES	Please Pay Last Amount in This Column
2. TOBACCO, ETC.	8. FOOD		
3. TELEPHONE	9. GUEST CHARGE	12. PRIVATE ROOM CHARGE	CM CREDIT MEMO
4. LODGINGS	10. CHRISTMAS FUND	13. FLOWERS	DM DEBIT MEMO
5. PARKING	11. MISC.	14. EXTRA HELP	CR CREDIT BALANCE
6. LAUNDRY		15. MISC.	GC GUEST CHARGE

CHARGES AND CREDITS NOT SHOWN ON THIS STATEMENT WILL APPEAR NEXT MONTH

COSMOS CLUB 2121 Massachusetts Avenue, N.W., Washington, D.C. 20008 DUPont 7-7783

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Cosmos Club	
PARKING CHARGE	
Member	<u>S L</u> 12-139 Account No.
Guest	
Date	<u>JUL 26 1978</u>
Parking Rates	
Luncheon Period \$1.25	
Dinner Period 1.25	
All Day 2.50	
(While utilizing Club facilities)	
Persons using parking lot should keep their cars locked. The Club is not responsible for articles left in cars. If requested, please leave your keys with the parking lot attendant, or at the front desk, with your name and Club number.	
License No. XXXXXXXXXX	
Space No. <u>35</u>	
Total Charges <u> </u>	

STATINTL

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COSMOS CLUB		DINING ROOM
Account # 12-139		
SIGNATURE [REDACTED]		
B Roomcharge 20- 12 1/16 Net 98.95 107.40		
Waiter 78 Table No. 78 Persons 6 D.C. SALES TAX 8.59 GRAND TOTAL 135.99		
DATE: 8-904		

COSMOS CLUB		BAR CHECK
Account # 12-139 SPECIAL BAR		
STATINTL JUL 26 1978		
SIGNATURE [REDACTED]		
4 Scotch 540 5 Bourbon 675 2 martini 270 4 Gin 540 5 Vodka 675 4 Dubonnet 540 3 Carafe of wine 1200		
Waiter 44 40 Table No. 44 40 SPECIAL BAR D.C. SALES TAX 355 JUL 26 1978 GRAND TOTAL 47 95		

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R STATINTL

-WASHINGTON GOLF and COUNTRY CLUB
ARLINGTON, VIRGINIA 22207

DATE	SERVER	TABLE NO.	PERSONS	CHECK NUMBER
8-16- 11270	12			79016

CC Bonnie
J. Martinez
STATINTL 145
145

Check 11
STATINTL 145
.06 TAX
15 TAX
1.66

180
4.70

60 11

TJ

DINING ROOM

-WASHINGTON GOLF and COUNTRY CLUB
ARLINGTON, VIRGINIA 22207

DATE	SERVER	TABLE NO.	PERSONS	CHECK NUMBER
8/16/78 11270	Mary G	4	4	5623

STATINTL

1 Flounder 5.50
2 S. S. Crab 15.90
1 Veal Scallopine 7.50
2 Strawberry Shortcake 2.00
30.90

7.95
32 TAX
1.20 15% TAX
49.47

1.66 DINE
11.13 TOTAL

TJ 8-4-50
9-1-78

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) 7 \$206.00

Date and time of departure: 7/25/78 - 5:30 p.m.

Transportation cost to terminal: 8.75 From Airport to Hotel: 4.50 7 \$ 13.25

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>7/25/78</u> (date)	Lunch - <u>\$ --</u>	
	Dinner - <u>--</u>	
	Hotel - <u>51.56</u>	<u>50</u> <u>M \$ 51.56</u>

<u>7/26/78</u> (date)	Breakfast - <u>2.50</u>	
	Lunch - <u>--</u>	
	Dinner - <u>--</u>	
	Hotel - <u>51.56</u>	<u>50</u> <u>M \$ 54.06</u>

Transportation cost from hotel to Headquarters and return:

<u>7/27</u> (date)	Breakfast - <u>3.25</u>	
	Lunch - <u>--</u>	
	Dinner - <u>--</u>	
	Hotel - <u>51.25</u> (not charged)	<u>3.25</u> <u>M \$ 3.25</u>

Transportation cost from hotel to Headquarters and return:

<u>(date)</u>	Breakfast - <u>--</u>	
	Lunch - <u>--</u>	
	Dinner - <u>--</u>	

Transportation cost to terminal: \$ -- From Airport to home: 8.50 7 \$ 8.50
(estimates may be used for above)

Date and time of departure from Wash., DC: 7/28/78 - 6:15 p.m.

Fee for services (\$180.88 per day) claimed: Yes No 7 \$ 361.76

TOTAL CLAIM

711.26
\$716.88

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

BEST COPY
Available

STATINTL		STATINTL		STATINTL		STATINTL	
ENCLAVEMENTS (CAPTION)		ATC		PASSENGER TICKET AND BAGGAGE CHECK		PASSENGER'S COUPON	
CONSUMPTION TICKET(S)		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		FROM/TO	
NOT DENOMINATOR & TOUG COUP				24 JUL 78		MSP	
NAME OF PASSENGER		NOT TRANSFERABLE		ORIGIN		CARRIER	
				DESTINATION		FARE CALCULATION	
1 2 3 4 NOT VALID BEFORE NOT VALID AFTER		CARRIER FORM ORIGINAL ISSUE PLACE DATE AGENT'S NUMBER CODE				8485495244	
1 2 3 4 NOT VALID AFTER						DATE AND PLACE OF ORIGINAL ISSUE	
X/O NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME STATUS
				NW	438	125JUL	530POM
				AA	334	125JUL	725POM
TICKET - VOID		ROUTE CODE		ENCODE		7 10300	
TICKET - VOID							
FARE 95.37 TAX 7.63 TOTAL 103.00		STATINTL				012 8485495244 2	
NAME OF PASSENGER		STATINTL		STATINTL		STATINTL	
STATINTL		ATC		PASSENGER TICKET AND BAGGAGE CHECK		STATINTL	
CONSUMPTION TICKET(S)		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		STATINTL	
NOT DENOMINATOR & TOUG COUP				24 JUL 78		STATINTL	
NAME OF PASSENGER		NOT TRANSFERABLE				STATINTL	
0 07204001		BOX 44				STATINTL	
1 2 3 4 NOT VALID BEFORE NOT VALID AFTER		CARRIER FORM ORIGINAL ISSUE PLACE DATE AGENT'S NUMBER CODE				STATINTL	
1 2 3 4 NOT VALID AFTER							
X/O NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME STATUS
NOT GOOD FOR PASSAGE				TY	423	125JUL	615POM
NOT GOOD FOR PASSAGE				TY	089	125JUL	800POM
ROUTE CODE		ENCODE		CPN		7 10300	
FARE 95.37 TAX 7.63 TOTAL 103.00 PAYOUT 6430 222 036 688		STATINTL				012 8485495244 2	
STATINTL		ATC		PASSENGER TICKET AND BAGGAGE CHECK		STATINTL	
CONSUMPTION TICKET(S)		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		STATINTL	
NOT DENOMINATOR & TOUG COUP				24 JUL 78		STATINTL	
NAME OF PASSENGER		NOT TRANSFERABLE				STATINTL	
0 07204001		BOX 44				STATINTL	
1 2 3 4 NOT VALID BEFORE NOT VALID AFTER		CARRIER FORM ORIGINAL ISSUE PLACE DATE AGENT'S NUMBER CODE				STATINTL	
1 2 3 4 NOT VALID AFTER							
X/O NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME STATUS
NOT GOOD FOR PASSAGE				TY	423	125JUL	615POM
NOT GOOD FOR PASSAGE				TY	089	125JUL	800POM
ROUTE CODE		ENCODE		CPN		7 10300	
FARE 95.37 TAX 7.63 TOTAL 103.00 PAYOUT 6430 222 036 688		STATINTL				012 8485495244 2	

IT IS UNLAWFUL TO
PURCHASE OR RESELL
THIS TICKET FROM
ANY ENTITY OTHER
THAN THE ISSUING
CARRIER OR ITS
AUTHORIZED AGENTS

PASSENGER TICKET & BAGGAGE CHECK - ISSUED BY
NORTHWEST ORIENT
012 5

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON
FORM SERIAL NUMBER

STATINTL		STATINTL		STATINTL		STATINTL	
ENCLAVEMENTS (CAPTION)		ATC		PASSENGER TICKET AND BAGGAGE CHECK		PASSENGER'S COUPON	
CONSUMPTION TICKET(S)		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		FROM/TO	
NOT DENOMINATOR & TOUG COUP				24 JUL 78		STATINTL	
NAME OF PASSENGER		NOT TRANSFERABLE				STATINTL	
0 07204001		BOX 44				STATINTL	
1 2 3 4 NOT VALID BEFORE NOT VALID AFTER		CARRIER FORM ORIGINAL ISSUE PLACE DATE AGENT'S NUMBER CODE				STATINTL	
1 2 3 4 NOT VALID AFTER							
X/O NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME STATUS
NOT GOOD FOR PASSAGE				TY	423	125JUL	615POM
NOT GOOD FOR PASSAGE				TY	089	125JUL	800POM
ROUTE CODE		ENCODE		CPN		7 10300	
FARE 95.37 TAX 7.63 TOTAL 103.00 PAYOUT 6430 222 036 688		STATINTL				015 8484372909 5	
STATINTL		ATC		PASSENGER TICKET AND BAGGAGE CHECK		STATINTL	
CONSUMPTION TICKET(S)		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		STATINTL	
NOT DENOMINATOR & TOUG COUP				24 JUL 78		STATINTL	
NAME OF PASSENGER		NOT TRANSFERABLE				STATINTL	
0 07204001		BOX 44				STATINTL	
1 2 3 4 NOT VALID BEFORE NOT VALID AFTER		CARRIER FORM ORIGINAL ISSUE PLACE DATE AGENT'S NUMBER CODE				STATINTL	
1 2 3 4 NOT VALID AFTER							
X/O NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME STATUS
NOT GOOD FOR PASSAGE				TY	423	125JUL	615POM
NOT GOOD FOR PASSAGE				TY	089	125JUL	800POM
ROUTE CODE		ENCODE		CPN		7 10300	
FARE 95.37 TAX 7.63 TOTAL 103.00 PAYOUT 6430 222 036 688		STATINTL				015 8484372909 5	

IT IS UNLAWFUL TO
PURCHASE OR RESELL
THIS TICKET FROM
ANY ENTITY OTHER
THAN THE ISSUING
CARRIER OR ITS
AUTHORIZED AGENTS

PASSENGER TICKET & BAGGAGE CHECK - ISSUED BY
TRAIL AIRLINES
015 1

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON
FORM SERIAL NUMBER

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC prorated and return (ticket may be retained for return trip) \$ 151.00

Date and time of departure: 24 July 78 0900

Transportation cost to terminal: 29.46 From Airport to Hotel: 11.33 \$ 40.78

Daily Expenses (reimbursement may not exceed \$50.00 per day):

25 July 78 (date)	Lunch - \$ 4.00	
	Dinner - 9.00	
	Hotel - 19.44	\$ 32.44

26 July 78 (date)	Breakfast - 2.20	32.44 total
	Lunch -	
	Dinner -	
	Hotel - 19.44	\$ 21.64
		21.64 total

Transportation cost from hotel to Headquarters and return: \$ 5.00

27 July 78 (date)	Breakfast - 2.20	
	Lunch -	
	Dinner - 9.00	
	Hotel - 19.44	\$ 30.64
		30.64 total

Transportation cost from hotel to Headquarters and return: \$ 5.00

(date)	Breakfast -	
	Lunch -	
	Dinner -	\$

Transportation cost to terminal: \$ 12.65 From Airport to home: \$ 12.65
(estimates may be used for above)

Date and time of departure from Wash., DC: 28 July 78 1700

Fee for services (\$180.88 per day) claimed: (X) Yes () No \$ 361.76

TOTAL CLAIM

\$ 660.91

STATINTL

Please mail check to:

(Signature of Claimant)

COSMOS CLUB

Room Charges

NAME

Room No. 229

ARRIVED 24 July DEPARTED 28 July

3 DAYS \$ 18 00 PER DAY \$ 54 00

8 1/2 D. C. SALES TAX \$ 4 32

TOTAL \$ 58 32

STATINTL

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CALIFORNIA INSTITUTE
OF TECHNOLOGY

STATINTL

TRIP TICKET

REQUEST	DIVISION/DEPARTMENT	TEL. EXT.	DATE PREPARED
	164-30		7-13-78
TYPE OF VEHICLE	DATE REQUIRED & TIME	EST. DURATION	NAME OF OPERATOR
	7-24-78 7:30 AM		LIC. EXP.

ODOMETER READING ENDING	DATE	TIME	CONDITION OF VEHICLE: <input type="checkbox"/> OK <input type="checkbox"/> NEEDS WORK (SPECIFY)
BEGINNING	RETURNED		
TOTAL MILEAGE	PICKED-UP		
TOTAL USAGE	DAYS	hrs.	

CHARGES:	MILES	@ \$	/MILE	\$	OPERATOR'S SIGNATURE
	DAYS	@ \$	/DAY	\$	STATINTL
CHAUFFEUR HRS-ST		@ \$	/HR.	\$	
CHAUFFEUR HRS-OT		@ \$	/HR.	\$	
PARKING FEES, TOLLS/MEALS	\$	\$	\$	\$	DISPATCHER'S SIGNATURE
TOTAL AMOUNT DEBITED TO ACCOUNT (S)	\$				

%	DEBIT					CREDIT				
	ACCOUNT	SUB ACCOUNT	SUF. 3 DIG.	SUF. 4 DIG.	AMOUNT	ACCOUNT	SUB ACCOUNT	SUF. 3 DIG.	SUF. 4 DIG.	AMOUNT
248	604-10452				\$ 9.48	338	99129			\$ 9.48
248						338	71520		463	
248						268				
248										

None to TAX

REQUESTER

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

Approved For Release 2001/03/04 : CIA-RDP80T0198A000100010004-5

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
xxxxxx (ticket may be retained for return trip) \$ 210.

Date and time of departure: 7:40a - 7/24/78

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$

Daily Expenses. (reimbursement may not exceed \$50.00 per day):

<u>7/25/8</u>	Lunch - \$		
(date)	Dinner -	<u>21.00</u>	<u>50.0</u>
	Hotel -	<u>37.06</u>	<u>\$ 58.6</u>
<u>7/26/8</u>	Breakfast -	<u>4.25</u>	
(date)	Lunch -		
	Dinner -	<u>37.06</u>	
	Hotel -		<u>\$ 41.3</u>

Transportation cost from hotel to Headquarters and return: \$

<u>7/27/8</u>	Breakfast -	<u>4.25</u>	
(date)	Lunch -	<u>7.50</u>	
	Dinner -		
	Hotel -	<u>37.06</u>	<u>\$ 48.6</u>

Transportation cost from hotel to Headquarters and return: \$

<u>(date)</u> -	Breakfast -		
	Lunch -		
	Dinner -		

Transportation cost to terminal: \$ From Airport to home: \$
(estimates may be used for above)

Date and time of departure from Wash., DC: a.m. 7/28/8

Fee for services (\$152.32 per day) claimed: () Yes (xx) No \$

TOTAL CLAIM

~~\$ 350~~
~~\$ 358~~

STATINTL

Please mail check to:

(Signature of Claimant)

STATINTL

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NAME	ADDRESS	PHONE	
CITY		STATE	ZIP
Approved For Release 2001/03/04 : CIA-F			
TRAVEL AGENCY	NO. OF GUESTS IN ROOM		
	R	CR	NR

Sheraton National Motor Hotel
80104198A00010001004-3
COLUMBIA PIPE & WASHINGTON PIPE EAVARD
ARLINGTON, VIRGINIA 22204
SHERATON HOTELS & INNS WORLDWIDE

OTHER	CLOSING	CHANGE	ROOM NO	RATE	TAX		
			OPENING		<input type="checkbox"/> ROOM		
			DIFFERENCE		<input type="checkbox"/> RATE		
CALLS	MEMO	DATE	REFERENCE	CHARGES	CREDITS	BAL. DUE	PICK-UP
MON.	1						
	2	JUL 25 th	ROOM 710	C* 34.00			
	3	JUL 25 th	TAX 710	C* 3.00			
TUES.	4	JUL 25 th	PHONE 710	C* .50			
	5	JUL 26 th	ROOM 710	C* 34.00			
	6	JUL 26 th	TAX 710	C* 3.00			
WED.	7	JUL 26 th	PHONE 710	C* .50			
	8	JUL 27 th	ROOM 710	C* 54.00			
	9						
THURS.	10	JUL 27 th	ROOM 710	C* 34.00			
	11	JUL 27 th	TAX 710	C* 3.00			
	12	JUL 28 th MJD	710				
FRI.	13						
	14						
SAT.	15						
	16						
	17						
SUN.	18						
	19						
	20						

GUEST'S SIGNATURE		LAST BALANCE IS AMOUNT DUE UNLESS OTHERWISE INDICATED. BILLS ARE PAYABLE WHEN PRESENTED-RETAIN THIS RECEIPT.
CHARGE TO		
ADDRESS		
CITY	STATE	ZIP

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016 5803017073 0 □

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel
STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) \$436.-

Date and time of departure: 1800 7/25/78

Transportation cost to terminal 8.50 From Airport to Hotel: 3.50 \$12.00

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ 9.50

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ 9.75 From Airport to home: 18.00 \$27.75
(estimates may be used for above)

Date and time of departure from Wash., DC: 1600 7/26/78

Fee for services (\$180.88 per day) claimed: Yes No \$180.88

TOTAL CLAIM \$ 666.13

STATINTL

Please mail check to:

Additional billing

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Visit to [REDACTED]

for consultations on SIGHT plan

May 3, 1978

STATINTL

left [REDACTED] 0730

STATINTL left [REDACTED] 130 pm

taxes 12,5,5

22,-

air fare (one way)

28.10

fee ($\frac{1}{2}$ day) @ 180.88

90.44

140.54

I am not billing for 2-3 days total time at [REDACTED]
studying reports.

STATINTL

[REDACTED] 7/31/78

STATINTL

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

Lunch - \$ _____
(date) Dinner - _____
Hotel - _____ \$ _____

Breakfast - _____
(date) Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: _____ \$ _____

Breakfast - _____
(date) Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: _____ \$ _____

Breakfast - _____
(date) Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____ \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: Yes No \$ 361.76

7/26 - 27

TOTAL CLAIM

\$ 361.76

Note:

Please mail check to:

STATINTL

(Signature of Claimant)

8-2-78

[REDACTED] STATINTL

Enclosed is the expense claim for Dr. [REDACTED] for the last STAP meeting. Please note that the ticket is L.A.-Washington-Boston-L.A. I requested reimbursement for LA-Wash-LA. The Boston trip was one he would not have made had he not already been in Washington.

Also, as usual, no hotel receipt is available. He is billed monthly.

Thanks so much.

STATINTL

STATINTL [REDACTED]

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) \$ 414

Date and time of departure: 7-25-78 9:00 a.m.

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

7-25 (date) Lunch - \$ _____
Dinner - _____
Hotel - 30.00 \$ 30.

7-26 (date) Breakfast - 2.75
Lunch - _____
Dinner - _____
Hotel - 30.00 \$ 32.

Transportation cost from hotel to Headquarters and return: \$ _____

7-27 (date) Breakfast - 3.15
Lunch - _____
Dinner - _____
Hotel - _____ \$ 3.

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____ \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: 7-27-78, 3:55 p.m.

Fee for services (\$180.88 per day) claimed: () Yes (✓) No \$ _____

TOTAL CLAIM

STATINTL

Please mail check to:

(Signature of Claimant)

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STATINTL

DEPARTURE

ARRIVAL

DATE	AIRLINE	AIRPORT	TIME	AIRPORT	TIME
Jul 25	Row 7 seat 2 TWA 14		9:00 AM		4:49 PM
Jul 27	Delta 230		3:55 PM		5:03 PM
Jul 28	Row 7 seat 2 TWA 65		5:55 PM		8:35 PM
		STATINTL		STATINTL	

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STATINTL

STATINTL

STATINTL

ENCLAVEMENTS (CLASS)				ATC		PASSENGER TICKET AND BAGGAGE CHECK			ROUTE CODE		ISSUED BY		ROUTE CODE		ISSUED BY			
CONNECTION TICKET				ISSUED BY (CARRIER FOR)		DATE OF ISSUE			21 JUL 78		ORIGIN		DESTINATION		S 1616A A 10			
NAME & ADDRESS & YOUR CARRIER				NOT TRANSFERABLE		CARRIER			FORM		SPECIAL REQUIREMENTS							
NAME OF PASSENGER						ORIGINAL ISSUE			PLACE DATE		AGENT NUMBER CODE							
1	2	3	4	1	2	3	4											
X/O	NOT GOOD FOR PASSAGE			FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME	STATUS								
							TH	14Y25JUL	900ADK									
							DL	230Y27JUL	353POK									
							TH	65Y28JUL	553POK									
TAX				460.19	ROUTE CODE	ENCODE	ROUTE CODE	ENCODE	ROUTE CODE	ENCODE	ROUTE CODE	ENCODE	ROUTE CODE	ENCODE	ROUTE CODE	ENCODE		
TAX				36.81	TOTAL 497.00													
PUR AEROSPACE																		
IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS																		
PASSENGER TICKET & BAGGAGE CHECK - ISSUED BY																		
TRANS WORLD AIRLINES 015 1 																		
SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON																		
015 8485243067 0																		

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
 Dinner - _____
 Hotel - _____ \$ _____

(date) Breakfast - _____
 Lunch - _____
 Dinner - _____
 Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
 Lunch - _____
 Dinner - _____
 Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
 Lunch - _____
 Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____ \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: Yes No \$ 180.88

TOTAL CLAIM

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

(When Filled In)

REQUEST FOR REIMBURSEMENT
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					1. VOUCHER NO.		
					2. DATE		
					3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)		
[REDACTED]					25X1A		
					4. EMPLOYEE NO.		
					Detailer		
					5. OFFICE		
PAYABLE TO		ROOM	BUILDING	EXTENSION	AMOUNT		
[REDACTED]		6F35	Hqs.	4170	\$12.74		
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER			
25X1A							
9. DUE DATE							
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):							
10. WHAT: Donuts and Coffee							
11. WHERE: Rm. 6E25, CIA Hqs.							
12. WHEN: 26-27 July 1978							
13. WHY: <i>Representational</i> Operational entertainment of non-government personnel (STAP)							
16. OBLIGATION REFERENCE NO.				14. EXP CODE	15. AGENCY CODE		
TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT			
				I CERTIFY FUNDS ARE AVAILABLE			
				DATE	AUTHORIZATION		
				8/22/78	[REDACTED]		
S	I			AUTHENTICATION			
				DATE	[REDACTED]		
				8/22/78	[REDACTED]		
				DATE	CERTIFICATE FOR PAYMENT OR CREDIT		
S	I			8/22/78	[REDACTED]		
				DESIGNATION OF AGENT TO PICK UP FUNDS			
				I authorize my agent, whose signature appears below, to receive			
				\$ [REDACTED] of official funds on my behalf and acknowledge			
receipt of such funds and my responsibility therefor, when paid to							
my agent.							
<input checked="" type="checkbox"/> REIMBURSEMENT		DATE	SIGNATURE OF AGENT				
I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.		DATE	SIGNATURE OF CLAIMANT OR OFFICER				
<input type="checkbox"/> PERSONAL SERVICES		ACKNOWLEDGEMENT OF RECEIPT					
The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.		AMOUNT	CHECK NO.				
DATE	SIGNATURE	SIGNATURE					
17AUG78	[REDACTED]	25X1A	DATE				
TRANS CODE	CODING AREA			MONETARY CONTROL			
015	1090080020090011/Partain, NEAC			AMOUNT			
				12 74			
DATE	PREPARED BY	EXT	DATE	REVIEWED BY	TOTAL		
8/22/78	[REDACTED]	25X1A	6/21/78	[REDACTED]	12 74		

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	UNCLASSIFIED	CONFIDENTIAL	SECRET
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OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	Administrative Officer/DCI 7C17 Headquarters		
2	Attn: [REDACTED]		
3	STATINTL		
4			
5			
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	

Remarks:

Per memorandum dated 16 February 1978.

Subject: Official Representation Expenses
for DCI's Science and Technology
Advisory Panel (STAP).

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
EXECUTIVE Secretary, STAP Rm. 6-F-35 Hqs. - Ext. 4170	17 AUG 1978
UNCLASSIFIED	CONFIDENTIAL
SECRET	

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1-67 239